

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE							
							APPLICANT(S)								
							10/088560								
CLAIMS															
NO.	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		NO.	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.		
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48							98								
49							99								
50							100								
TOTAL IND.				TOTAL IND.				TOTAL IND.				TOTAL IND.			
TOTAL DEP.				TOTAL DEP.				TOTAL DEP.				TOTAL DEP.			
TOTAL CLAIMS				TOTAL CLAIMS				TOTAL CLAIMS				TOTAL CLAIMS			

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